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Eugenics

(Read by Dr. Gibson at a meeting of the Calgary Graduate Nurses' Association)

Madam Chairman, Members of the Graduate Nurses' Association:

I am not sure that I have chosen a subject such as you would wish, and what I may have to say may not be of great interest to you, but it is a subject in which I have always been greatly interested and so I hope you will pardon me, should my address fall far short of your expectations. I think that just at the present time, my subject ought to receive more attention than it has in the past, because of the tremendous loss of life in Europe. Among those who have died are many, many of our best young men, morally and physically, and for this reason it is incumbent upon those of us who are left to look far ahead, and provide, in so far as we can, for the health and happiness of future generations. Another reason why I have chosen my subject is that the women of this country will, by the power of the ballot, be enabled to make great changes in our laws, and I feel that great changes are necessary along many lines, and especially along the lines of our marriage laws. At the present time almost any human being, be he or she of sound or unsound mind or body, can go to his nearest jeweler, Justice of the Peace, or possibly the nearest blacksmith, and obtain a marriage license, and a preacher can always be found who is willing to do the rest. Such a state of things ought not to be. For the sake of future generations, let us see that such laws are enacted that, before one can obtain a marriage license, a clean bill of health, from a reputable physician, must be presented. By this means, we would not only spare those most directly concerned untold trouble and wrong, but would save the State many thousands of dollars per year.

Now as to those who should not be permitted to marry, and become the parents of innocent children, I should like to mention the following:

(1) *The Feeble-minded and the Insane*

While it is possible that a feeble-minded parent may produce normal children, yet such is not usually the case, and if both parents are afflicted the children cannot escape. Not long ago a physician in a neighboring city, while examining the school children, came across several members

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of one family, of whom the complaint had been made by various teachers that these children could not learn the simplest lessons, and were a very great deal of trouble in many ways. Other children were learning bad habits from associating with these individuals. On investigating the family, it was found that both the parents were mentally deficient. Then, too, the feeble-minded are unable to earn a living, and the burden of caring for such falls on the State. To quote from "The Handbook," National Welfare Exhibit, Toronto: "All of us know some individuals who grew up physically, but never grew up mentally. They are known as "feeble-minded." They are under a terrible handicap and are a tremendous moral, physical and financial burden on the homes to which they belong, the public schools which they attend, and the society of which they form a part. They do constitute a grave national problem." The investigations of Goddard, Treadgold and Davenport show that in at least 80 per cent. of their cases the mental defect had been preceded by other cases of defect in the immediate family line. Goddard finds that 65 per cent. of his institutional cases had one or both parents actually feeble-minded. Greater care in the examination of immigrants should be exercised, and thus we would be spared the care of many of these cases which are born outside Canada.

(2) *Those Suffering from Tuberculosis*

In case of the disease being active, marriage should be impossible, as we all know the danger of infection in this disease. Tuberculosis is not hereditary, but the tendency often is, so that children born of tubercular parents are often found to have contracted the disease at an early age. In case of a tubercular mother, one may find the disease apparently improve during pregnancy, but spread rapidly after confinement, and death follow, leaving a weakly baby or babies to the care of friends or public.

(3) *Alcoholics*

By this term I do not mean the man who takes an occasional glass of alcoholic drinks, nor even those who perhaps go off on an occasional spree, but that class of men who have acquired the habit of taking alcohol every day, the constant tipplers. These should not be allowed to marry, because alcoholism ranks next to heredity as a cause of insanity, and because the children of alcoholics, while not necessarily alcoholics themselves, are yet liable to inherit a weakened moral stamina, and so become addicted to various forms of vice. In addition, the alcoholic is, as a rule, a poor provider, and many thus become the charges of charitable or governmental institutions. Many chronic alcoholics are sterile, and it would be a fortunate thing if all were.

(4) *Epileptics*

In case of both parents being epileptic, the children are sure to be epileptic, but if only one parent is so afflicted, and there is no other history of nervous disease, the children of such a one may be healthy, but

the chances against this are so great that I am of the opinion that all epileptics should be prohibited from marriage.

(5) Those suffering from hæmophilia, because of the great risk to the children of such parents.

(6) Those addicted to the use of drugs. Here again, we are almost sure to find a weak moral nature in the offspring.

(7) Those who are unable to support a wife and family.

(8) Individuals of different races.

(9) Those suffering from venereal disease.

It is about this class of case that I wish to speak more particularly. I think it is a fact that a large percentage of venereal diseases are due to ignorance of the dangers of the disease, and a campaign of education along these lines would, I feel sure, do away with much of this trouble, and just here let me state that you can do much to spread the necessary information. Many times no doubt, you are asked questions relative to sex hygiene, and you would do well to inform yourselves on these subjects, and so be in a position to guide and instruct those who desire such information. Mothers will often ask you concerning the teaching of their children the problems of "sex," and in this subject all false modesty should be discarded, and the children properly informed, and so prevent untold evil, and if the public mind can be impressed by the pain and misery inflicted on the innocent children by the loathsome venereal diseases, much will have been accomplished towards the eradication of these diseases.

For a few moments let us consider the results of gonorrhœal infection of the female, and let me remind you that this disease may be present in a woman without producing any symptoms which might point to such a condition, and so nothing may be suspected until the infant develops gonnorrhœal ophthalmia, and this disease accounts for 10 per cent. of the blindness in the United States, so we see the importance of a thorough medical examination, before a clean bill of health can be given. Again, the innocent young mother may suddenly develop a puerperal infection, due to the same cause, from which, if she recovers, she is possibly left an invalid. Usually, however, the disease manifests itself by a discharge from the genitals, or by attacking the urethra, and causing symptoms referable to that organ. The infection may spread upwards to the cervix, and remain localized there indefinitely, or it may progress upwards, setting up an endometritis, or by affecting the tubes and ovaries, cause pus-tubes or ovarian abscesses. Thus it becomes the fruitful source of a very large proportion of all operations performed on the female pelvic organs. The various results of this disease are responsible for a great number of the cases of sterility found among women. Gonorrhœa has also to its credit such diseases as proctitis, stomatitis, arthritis, pericarditis, endocarditis, myocarditis, so you can see its far-reaching and serious results.

Let us turn now to syphilis. We have strong proof that this disease existed as long ago as B. C. 2637. We find in the Scriptures "the emerods

in the secret parts," which no doubt refers to this disease. Hypocrates wrote of it in B. C. 459. Ignorance of its dangers as well as the prevalence of prostitution, at that time, spread the infection throughout Europe and Asia. In 1905 the specific organism was discovered.

As time will not permit the discussion of all the varied manifestations of syphilis, I will not make the atempt, but will pass on to a few of the results of the disease in women and children. Mothers are often themselves infected, and pass it on to their children without manifesting any symptoms themselves, though if infected locally they pass through the same stages as men. Women so infected are subject to repeated abortions, and at least 40 per cent. of such pregnancies end thus, and perhaps it is well that such is the case. However, after some time, and possibly many abortions, the infection appears to die out, and it is said that such a woman may bear a healthy child. Children born of a syphilitic parent cannot infect the mother, but may infect an attendant, or a wet nurse. In case a syphilitic woman bears a living child, it is usually small, weak and of greatly diminished resistance, and so, slight ailments carry them off. In infants the disease may be evident at birth, in the form of various skin eruptions, or "snuffles," or no evidence of its presence may appear till about the 6th week, or perhaps not till puberty. If prompt and vigorous treatment be persisted in for 12 to 18 months a cure will result. Among the malformations which are credited to syphilis, though not peculiar to it, are: Scoliosis, spina-bifida, polydactylism, syndactylism, congenital idiocy. In many cases the eyes are affected, and sight is often lost, as the result of interstitial keritits. It has recently been stated that many cases of peculiar mental development are due to the fact that syphilis existed in some preceding generation. To quote from a paper by A. A. Fisher, in *Public Health*, "One-eighth of all human disease is due to venereal disease. Sixty per cent. of the inmates of our insane asylums are there because of these diseases; from 20 to 25 per cent. of the inmates of blind asylums are there because of gonorrhœa; 250,000 deaths each year are due directly, or indirectly to venereal disease. Gonorrhœa causes 60 per cent. of unwillingly sterile marriages, 80 out of every 100 women who die of disease of the reproductive organs have been infected innocently. Feeble-mindedness, degeneracy, and insanity often result directly from syphilis. It is the greatest factor in the death of prematurely born children. It is a common cause of general paresis, locomotor ataxia, brain abscess, and nerve degeneration. It indirectly causes one-half of all cases of tuberculosis."

Let us all unite to do our best to have these loathsome diseases eradicated.

When dropping muffin dough into the tins first dip the spoon into boiling water and the dough will not stick to the spoon.

Figs split open form excellent poultices for boils and small abscesses.

The Limitations of Public Health Nursing

(By Edna L. Foley)

Once upon a time an anxious parent telephoned a hospital and asked for a nurse for a sick child. He wanted a good woman, fond of children, kind to animals, considerate to servants, low-voiced, tactful, gentle, strong-backed, French-speaking, and Baptist if possible. That she should know something about nursing did not seem to have occurred to him. We all know the classic answer of the impatient hospital superintendent. Are not some of the demands being made to-day upon the nursing profession for workers in the public health field almost as absurd? Organizations are rarely asked to provide *good nurses*, women thoroughly trained in surgical and medical nursing with the accompanying mental equipment furnished by years of study and practice in a good general hospital. This nursing ability and knowledge is taken for granted or minimized. What is really desired is a good mixer, a trained public speaker, an expert book-keeper, an office manager, a teacher of first aid to debutantes, or of hygiene to grade children, an experienced truant-officer, an almoner, a probation officer, a substitute for a factory physician, an employing agent, a tenement inspector. True, experience as some sort of a visiting nurse is desired or insisted upon, but personality plus many or all of these other requirements is given first place.

In fact, the graduate nurse seems to be the only individual trained to do one thing but expected, when once possessed of a hospital diploma, to do everything and to do it cheerfully and well. The pupil nurse is trained to give care to sick people within the walls of a hospital—a building more or less equipped for this one thing. She is not even especially well prepared for nursing in private homes, though doubtless 75 per cent. of our pupil nurses are planning to start their professional careers by doing private nursing.

Until within the last two or three years, the pupil nurse heard much more about ill health than health—recently she has been given an opportunity to learn something about public health and public health nursing. In time, she may even be allowed elective work in the field of her choice, for in these days of intensive specialization, it is futile to think that any but the super-nurse can be equally efficient in institutional, private, or public health nursing.

In fact, the young nurse is in much the same position that the college graduate finds herself—expected to teach well but totally unprepared for teaching. Ten years ago, probably 85 per cent. of all college women who planned to become self-supporting, turned to teaching, not because they were equipped to teach, but because it seemed the obvious thing to do. The nurse, however, has this handicap over the college woman. Her training is a technical one, supposed to equip her for definite work,

whereas a college doesn't promise its graduates any immediate means of livelihood. A college woman may take time to equip herself for some field of social endeavor, but the nurse is considered equipped until she demonstrates that the hospital care of a malnutrition baby is not the only preparation needed in infant-welfare work.

Nurses work under a second handicap when we consider that "Do it now" is the constant cry in the ward, clinic, or operating room. "Stat" orders which must be carried out immediately are so a matter of routine that the very great deal of "watchful waiting" that is done in observation of both symptoms and conditions is forgot in the rush of the "system." To agonized friends, physicians and nurses may seem slow and disinterested, but the average hospital interne and nurse are expected to do twelve hours' work in eight hours' time. Therefore quantity sometimes takes precedence over quality and the expedient rather than the fit thing must be done. Hence a nurse fresh from this atmosphere finds the relief-visitor, the court-worker, or the teacher almost fatally slow in their ability to grasp the salient needs of her particular family or patient. Because to her, starvation or freezing seem imminent and either or both spell death, she cannot see the problem as much bigger than a food and coal affair.

Consequently, a graduate nurse is not a public health nurse nor yet a trained social worker. She has made a good beginning, but she has much to learn before she can qualify in either of these fields. Not long ago an eminent statistician was greeted with applause when he announced to a large audience that "we are all social workers, or should be." Granted that we should all be big enough to substitute social for personal service occasionally, are we not in danger of losing sight of the significance and value to our patients of a long course in social training if we are all, by election, social workers, nurses, teachers, or what-not? Is training, plus experience, of so little value that we can deceive ourselves by mere words?

A pupil nurse who has had a month's district work knows something about public health nursing, but no vocational bureau would think of offering her a position requiring the skill, judgment, and training demanded by the average public health nursing position. Medically trained workers are very indignant when it is suggested that a non-medically trained worker who has had a social training is as good as the person who has had a three years' hospital training; but are they consistent in their indignation when they are willing to believe that the nurse with no other preparation than her very conservative technical training is equal to the problems and importunities of relief or playground or dispensary social service work?

For some time there has been both felt and outspoken antagonism between public health nurses and social workers. This has doubtless been brought about by the apparent looseness with which the terms have been used. Local misunderstandings have been aggravated into national misbeliefs. One ill-bred woman has been allowed to harm the social work

of an entire community; or one poorly trained nurse has injured all good nursing for miles around because of her very apparent ignorance in both her chosen field and the field which she has insisted upon considering herself equipped to enter. Public health nursing as a profession for women, and especially for graduate nurses, has never been adequately defined; perhaps it never can be. A field whose boundaries change so constantly and which makes such enormous demands on the equipment and ability of the workers entering it, can't be measured in exact terms, nevertheless as public health nurses we can surely say that our aim is to care for the physical welfare of the individual, his family, and his community; that in so far as local housing, school, sanitary, and economic conditions interfere with this physical welfare, we are obliged to be interested in these conditions; but that we will only be interested in these conditions up to the point of bringing them to the attention of people whose duty it is to remedy them; and that we will not undertake work that legitimately belongs to any other existing agency, whether public or private.

We rather despise the nurse who takes her political or religious convicitions into a household in which she is welcome because of her nursing skill rather than for either of these other qualifications. Isn't it just as logical to despise the nurse who insists upon giving material relief or legal advice when she has had no training which enables her to handle wisely this aspect of a case? Public health nursing is a big field. A good public health nurse is supposed to be well grounded in the principles of hygiene, bacteriology, physiology, sanitation, housing, and general nursing. This alone is no small foundation. The various ramifications of sociology are interesting, helpful, broadening, but a mere smattering of them without solid grounding in her own subjects does not create a well-trained public health nurse. Will not a public health nurse disappoint her community less and earn for herself a well deserved position in the field of social science if she very frankly admits that she is not a Jack-of-all trades but an individual trained along certain lines, notably those that enable her to coöperate with other workers in a big field or to see the need for their services in a smaller field?

The average American citizen is altruistic but provincial. He wants to obey to the letter the biblical injunction that his left hand shall not know what his right hand is doing. He wants the "needy and deserving" poor to have a better chance, nevertheless he is provincial in that he believes his own method or his own town or his own church is better than anyone else's and that his local conditions are peculiar. He can't see that they are reproduced in thousands of other communities throughout the country. Nurses are average citizens, for our own training school and its methods, our own profesisonal and its standards, come first. That other professions have a right to exist we may admit, but we are not yet convinced that they are as necessary as our own. Our national provincialism would not, perhaps, be so self-evident were we, as individuals, more cosmopolitan, more tolerant, more able to recognize good in people

about us and the great need everywhere for more workers of varied talents and better training.

It is footless to say that the public health nurse is the logical first social worker in any community. A good public health nurse is a desirable requisite in any community. If she happens to be the first worker, she shows her ability by persuading that community to throw open its doors to other trained workers rather than by making herself so indispensable to the community's welfare that she is able to deceive both it and herself into thinking that she is the one and only worker needed. We are none of us big enough to work alone forever. In small communities, when much generalization must be practised, the nurse may have to do a little of everything, but she should avoid the danger of seeming to be "as good as" all the workers she must, of necessity, represent. In larger communities, the nurse who boasts of the amount of clothing or food she has dispersed, and the relief agent whose report shows that he has taken care of more sick than destitute, are disqualified by their own statements for the positions they are pretending to fill. This dog-in-the-manger attitude which some nurses take toward social workers and which is usually returned with interest, is merely evidence of the littleness of both.

This paper was not written in a spirit of criticism of medical or social workers, but because the mutual distrust which some groups of workers feel toward other groups is hampering good work in more than one community. Perhaps this distresses nurses more than it does other family workers; possibly it doesn't; nevertheless, the family or the individual for whom our work is done is the most severe sufferer in the long run, and it is time that we realize that misunderstandings will no longer serve as excuses, locally or generally, for failure to do constructive social team work. "Coöperation" is a much abused word, but both public health nurses and trained social workers will achieve results more quickly when they learn to respect each other's good intentions; when, as Mr. Dooley might say, "social workers know better sociology and public health nurses know better public health."

Some social workers need more thorough grounding in sociology and the principles of case work; some public health nurses need a much better training in everything that is required to make a good health worker rather than a good relief worker. A knowledge of medical work for the social worker and of relief work for the medical worker as a side line, is both helpful and essential, but in our anxiety to define the functions of the other person, have we not rather ignored the perfectly legitimate boundaries of our respective fields? Nurses are so accustomed to hearing the old assertion that nursing as a profession is young, but as an art is as old as the hills, that they are apt to forget that the first nurses were friendly visitors and almoners and that we have simply made several departments of what was once one vocation, because our far more complex civilization makes it impossible for one worker to handle well all the problems that such a civilization entails.

For every tale of woe that a public health nurse has to relate regarding a supposedly well-trained social worker, some equally trustworthy social worker has a worse grievance against a supposedly well-trained public health nurse. Generalization from specific instances is dangerous and stupid. The mistakes of both nurses and social workers might fill volumes, but the good work accomplished by them as individuals or as fellow-workers would fill many more volumes. Do we ever stop to consider that we are all fallible human beings? We so seldom talk about each other's good case work—we do, however, sometimes discuss the mistakes of one individual as if they forever destroyed a fundamental principle which we had all accepted as axiomatic. We shall never get anywhere by criticizing each other or by undertaking to do the other person's work for her; but if we will stick a little more closely to our own knitting and report what seems to be the overstepping of the other worker to the proper authorities (not the first friendly ear that presents itself), we may, in time, help to develop two very greatly needed professions, that of the trained social worker and that of the trained public health nurse. We are not always fair to each other or to ourselves—both groups have representatives who are conservative, intolerant, suspicious, and arrogant. Public health nurses as individuals and as a group are doing a fine piece of work throughout the country, but this can also be said of trained social workers. A community of five, ten, or fifty thousand that can get along without either the nurse, the relief worker, and last, but by no means least, the playground worker, is an Utopia that undoubtedly started out with these workers on its municipal pay rolls.

The time has surely come for us to attempt a more positive definition of the words "social worker," "public health nurse," "social service worker." But can we define these words unless we agree in all fairness and honesty that we will, by our very willingness to define them, set a definite limitation to our own field of usefulness? There is no one woman big enough to run a universe and do it well, no matter how tiny that particular universe is. We are each of us necessary, perhaps, in the scheme of things; but the most necessary person is the woman whose results show her value to her community. Statistics, annual reports, newspaper publicity, are all good in themselves, but in the last analysis they are not the only results which we must strive for if we are going to justify our contention that the public health nurse has come to stay.

The public health nurse must "deliver the goods" by helping create a more intelligent public interest in health, public and private, individual and community. Just as the school nurses justify their employment by the reduced truancy and school exclusion figures—so the general public health workers must justify their communities' expenditures by better care of the sick outside of institutions, less illness at certain periods of the year, greater comfort in the homes of the incurably ill. What the social workers must do to justify their existence may be safely left to the social workers; but the public health nurse who, without the special training in

social work which equips her equally well for a position as social worker or health worker, asserts that she is just as good as or more logically necessary than the trained social worker, playground leader, or what not, is not merely displaying colossal ignorance but is harming a very large group of women who are exceedingly anxious to do their own work well, and to leave to others the task of completing work that does not necessarily fall into a definitely outlined public health nursing field.—*The Public Health Nurse Quarterly.*

The Address to the Guilds of St. Alban's, Holborn

(By the Ven. Archdeacon Holmes, on St. Alban's Day, 1913)

Portion of Address to Guild's of St. Alban's, Holborn

"The eye of a needle."—*St. Luke xviii*:25.

"The eye of a needle!" just an ordinary sewing needle! the needle of a seamstress; a sailor; a surgeon; or the needle of a tailor—one of the great Company of Merchant Taylors whose Hall in the City gave us the well-known name of "Threadneedle Street"—or a telegraph needle: one of those needles that sends a message round the globe in less than twenty minutes;—any kind of needle! What has it got to do with Guilds? Let us see.

Go over a hand-made needle factory, say in Worcestershire, and you will find, in the making of a needle, three different departments. In one department you will see the workers who are grinding the points; in another, those who are drilling the hole; and in a third, those who are engaged in polishing the inside of the little oval eye through which you run the thread.

Now here are three sets of workers. Apparently they have nothing whatever to do with each other. There are the grinders, there are the polishers, and there are the drillers, and no one of them can see the other's work. They are all absolutely independent of each other, and yet they are all equally interdependent. Before the needle is perfect, the work of each one of those three departments must be perfect in itself. If one fails, all suffer. A needle may have a perfect point, but if the eye is made so badly that you cannot thread the cotton, the needle is imperfect, or rather, it is useless. Or, the hole may be perfectly drilled, but if it is not perfectly polished, the thread will fray and break, and because somebody somewhere has made an imperfect eye the thread breaks, and perhaps one of you loses your temper! Or again, the eye may be perfectly polished, but if the hole or the point is imperfect, the whole needle is worthless. All three sets of workers are inter-dependent, though each is independent. So the perfect needle says to us: You are all interdependent, and each must do your own independent work as well as you

can for the sake of the whole. All must work exactly as if the perfection of the needle depended, as it does depend, upon each.

Now, then, you see what the needle has to do with our Procession of Guilds, upon Church life, upon all corporate work and worship. The thought is this: "Upon the well-doing of each depends the well-being of all." Let us get that into our heads as to-day's motto. Let us pretend for a moment that we are children once again, and say it out loud and altogether—"Upon the well-doing of each depends the well-being of all!"

I will tell you what I mean in a true story. You remember the death of the Prince Imperial in the Zulu War—a familiar story, of course, to some of you. You remember how the Prince went out of the camp against Lord Chelmsford's orders, and how he and his comrades trusted to the swiftness of their horses to outride the enemy, if necessary. You remember what happened. Entirely taken by surprize, the Prince and his companions dismounted, and at rest, found that they had fallen into a trap, and that the Zulus, hidden in the bushes, were upon them. There was only one possible thing to do, and that was to mount their horses and trust to their speed to escape from the Zulus' assegais. They reached their steeds, and the officer and the rest of the Prince's companions mount and are saved. The Prince himself reaches his horse, seizes the leather band to help him mount, and is almost within the range of safety. Almost! but not quite. What happened? Owing to a bad shoddy piece of work of an unknown workman in an unknown saddler's shop in England, the band breakes! It was found afterwards by Sir William Russell, the correspondent of *The Times* newspaper, who tells us that the leather was only made of paper facing—and some of you here know more about it than I do, I expect. The strap breaks; the Prince falls to the ground; the Zulus are upon him; he is assegaied, and killed; and, for all we know, a whole French dynasty may have its course changed, and all because of a bad bit of work by an unknown workman in an unknown shop thousands of miles away from Zululand. Am I not right in saying that upon the well-doing of each depends the well-doing of all?

Now, yon see, the story of a needle has got a real meaning for Guilds. The work and the workship of the unit has a great deal to do with the work and the workship of the whole—and the reverse.

First, worship! There is, of course, the worship of the unit as well as of the Body Corporate—the independent worship which cannot help being inter-dependent. The prayers we say in our own rooms, the thanksgivings that we say for our own private blessings, the meditations we make in our own private devotions, all are independent prayers. They are essential; they are beautiful, they are among the things which are requisite; but not one of those prayers and blessings and meditations is isolated or cut off from the whole body of devotions which the whole Church is offering by means of its units. We can only pray or praise as members of a body; the worship of the whole Church depends upon the worship of each member of the Church.

And it is exactly the same with your work as with your worship. People say of their work, "Oh, it's all so dreary! there is so little to look forward to! only to get old! only to get past work! only just time to get your own living and with no time to do anything for anybody else.' If we say this, we have not yet learned the story of "the eye of the needle." We are *always* doing something for somebody else if we are doing our own work at our very best. We cannot help it. Of course we don't see it now any more than the needle-workers in one room can see what is going on in the other rooms. But it is true; all depend upon each. Supposing you are all helping to make an Altar frontal, with a beautiful cherub in the centre! One of you may be doing the eyes, another the head, another the feet, another the flowing robe. No one, looking at her own bit of work and seeing only that part of the whole, would say, "What a beautiful cherub." But if you each wait till the work is done, if you look at it as a whole, you will soon discover that if any single worker has done a bad bit of work the whole beautiful cherub is imperfect, and the Altar frontal is spoiled. Why? Because one of you, or one set of workers, has failed all the rest. Each may be blind to the whole work in progress, and, like the blind workers in India doing their wonderful needlework to the sound of "one over, two under, one over, two under" of the master-man, cannot see what you are doing. But when the whole is seen, the beauty of the parts will appear. Independence and inter-dependence are mutually essential.

I think sometimes that the sin of grumbling because we cannot see what we are doing for others is rather under-rated. If it is true that upon the well-doing of each depends the well-being of all, everyone of us has got a vocation; everyone of us is doing something for somebody else. That, I suppose, is why you belong to a Guild. It is not only that you may get something from, but that you may contribute something to, the corporate life of this Guild of which you are members. To deliberately, and unnecessarily, miss going to a Guild meeting, or saying the Guild prayer; to miss giving a helping hand to another member of the Guild who is in need—it all means you are spoiling the perfect life and work of your Guild, and endangering its perfection. You are spoiling the perfect needle.

There is my story of the needle for the Guild of St. Alban's this afternoon; and there, too, is the sentence we are going to take away as our motto for another year:—

"Upon the well-doing of each depends the well-being of all."

"Misericordia" Monthly Paper of Guild of St. Barnabas.

A French soldier, shot in the leg, was taken to the hospital for treatment. The surgeon probed and searched the wound, until the sufferer demanded impatiently what he was doing. "I am trying to find the bullet," was the reply. "What stupidity!" cried the patient. "Why, I have it in my pocket!"

The Effect of Malformation and Infection of the Oral Cavity of the Child, upon its Future Health

(By Stephen Palmer, D.D.S., Poughkeepsie, N. Y.)

Read at the Annual Meeting of the Medical Society of the State of New York, Saratoga Springs, May 16, 1916.

Today is the beginning of a new era in medicine and dentistry when for the first time a member of the specialty of medicine which the speaker represents is by invitation presenting the part dentistry plays in the great field of medicine, and the place it is gaining in the great art of healing, and prophylaxis, and in behalf of the Dental Society of the State of New York and the National Dental Association I thank you for the privilege and honor of appearing here today, not on my personal account, but rather for the profession which I love and ever hope to uplift by my efforts.

The dental profession has realized and been preaching for years the importance of a mouth in perfect condition.

We know from observation in our daily vocation, the value of a clean and well-kept mouth and teeth. We know that there is nothing that so reduces the vitality of a boy or girl as decayed and aching teeth. We have noted the effect upon the future life, of the neglect of the mouth conditions of a child.. We know that the pupils in our schools cannot do their best unless that portion of their systems, at least, is in a healthy condition. We know that with the mouth and teeth in perfect condition and kept so, many of the bodily ailments and weaknesses can be eliminated, and thus the general health of the children in our schools, and finally the health of the nation will be improved. We know that as the mouth is the gateway to the body; that the teeth are placed there to perform the first function of the great system of digestion and assimilation, that with them in perfect condition only can the child be in perfect health, and the future man or woman strong, healthy and intelligent.

The teeth are the organs of mastication; without teeth in perfect condition we cannot have proper mastication, without proper mastication we cannot have proper digestion, without proper digestion we cannot have proper assimilation, without proper assimilation we cannot have health.

The Creator provided each little mouth with twenty teeth, why? Because they were necessary, to prepare the food for nourishment of the child body. Let the teeth and mouth of the child between the age of two and fifteen years be neglected until the teeth are removed to relieve suffering, or left decayed and broken down to the gum so they are of no use, and often abscessed and providing a continual exudation of pus, as well as lodgment for many germs of many diseases of the body, during the

years when the child is growing and needs every function in perfect order, the child cannot masticate properly the food provided, is suffering, is swallowing food unprepared for digestion, and is swallowing bacteria to be assimilated through the system, and you are laying the foundation for a future ill health that will be carried by them to the grave.

Dr. Victor Vaughan, ex-president of your National Association, says:

"The mouth is the most important port of entry for infection.

"One or more decayed teeth with constant infection, so impairs the vitality of the child that physical and intellectual development is impossible.

"Deformity of the jaw and malposition of the teeth interfere with the proper development and function of the brains."

Dr. Osler says, "There is nothing so important to the health of the nation as the hygiene of the mouth," and added to that I make the assertion, "That there is nothing so important to the health of the coming men and women, as the hygiene of the mouth of the boys and girls of today."

Dr. Williams, Superintendant of Bowe Memorial Hospital for Tubercular Patients, says, "Seventy-five per cent of the children with tuberculosis have very bad teeth and oral infection, when the infections are cleaned up and teeth restored, the chances for recovery increases, and the return of health is much more rapid."

Dr. Kneph says, "I defy the most skilled physician to either cure or help a tubercular patient which has decayed teeth in the mouth."

We as members of the professions cannot ignore these facts as stated by our leading confrére, the sooner we realize the truth of them, and with all our knowledge and effort in diagnosis and treatment, the more satisfactory will be our results, and prophylaxis in medicine by the aid of prophylaxis in dentistry, will produce the results unprecedented in their improvement of the health and strength of our fellow citizens.

Deformities.—Malformations or deformities of the mouth unless to the extreme are often not noticeable except only to those who have made a study of them, as no normal human dentures have been created exactly alike, in fact it has never been demonstrated that Nature ever duplicated her forms; just so there have never been two cases of malformation exactly alike. Deformity of the teeth which reduces their function, impairs speech, and mars the facial lines are so prevalent that it is now almost a rule rather than an execption. Go where we may, wherever humanity congregates and we are confronted by those deformities in such numbers that we are amazed.

The reason for the great number of deformities is attributed to the mixture of blood of different races, as we note that in the Grecian and Roman ages when the blood was purely Grecian or Roman deformities were practically unknown.

Dr. Wuerpel says: "The tendency of modern civilization seems to be to create a law for each individual and in the face of complex and constantly changing conditions a fixed type as a basis or standard to govern the molding of the human face cannot be established, yet discouraging even as this seems, we believe there is a law for determining the best balance of the features or at least the best balance of the mouth with the rest of the features, which artists probably knew nothing of. It is a law so plain and so simple that all can understand, and apply it; that the best balance, the best harmony, the best proportions of the mouth in its relations to the other features require that there shall be the full complement of teeth, and that each tooth shall be made to occupy its normal position."

"It must be remembered by us all that it takes several years for the completion of the building of a human denture. We must remember that all parts of the anatomy are liable to abnormalities in development, as your medical literature bears abundant witness, but that no part is more frequently at variance with the normal in its development than the dental apparatus, is evidenced by the fact that malocclusion of the teeth in some form is almost the rule rather than the exception.

We can better understand the reason of this when we remember that the dental apparatus is not an organ with but a single function, like the eye, or the ear, but that it is a very complex structure, with many functions, into which enter not only the jaw, dental arch, and teeth but the muscles of mastication, the lips, tongue, nasal passages, palate, and throat, and that in addition to the function of mastication these are also concerned in the vital function of respiration, and also in speaking, singing, whistling, laughing, crying—in short, in the expression of all the various emotions, the different parts and combinations of parts entering into the performance of these various functions and acts are so intimately associated that even slight inharmony in the growth and development of any one may ultimately involve the whole apparatus, interfering with the normal functions of all, and even producing repulsive deformities, for the influence of these parts on each other is always continuous and progressive toward the maintenance of harmony and normal if normal, and toward increase of inharmony and the abnormal if abnormal" (Angle).

There are various causes for facial and mouth deformities but time will only allow us to enumerate those that come under the attention of the general medical practitioner, the general surgeon, the rhinologists, and the laryngologist.

The sole object in establishing dental dispensaries, and the oral hygiene movement in our public schools, is to teach our future men and women the value of the teeth, or in fact the value of *a tooth*.

Every tooth of both temporary and permanent dentures have a function to perform, namely, assisting in keeping the full denture in perfect occlusion, as the loss of one deciduous tooth before the alloted time for the permanent one to take its place results in the eruption of the per-

manent tooth in malocclusion, and the loss of one permanent tooth results in a permanent deformity, which impairs the functions of the whole dental apparatus for all time, therefore one cause of dental deformity is the loss of *one* tooth. The one way to guard the future welfare of our patients is to insist upon the care of every tooth both temporary and permanent that it may be retained.

Thumb, lip and tongue sucking habits so often formed by children cause many deformities, but if the habit can be broken before the permanent teeth erupt will reduce the number of cases of malocclusion.

The most serious and constant cause of malocclusion is nasal obstructions, namely, adenoid vegetation. Adenoids being a trouble of childhood, and most active during the growth and development of the denture, namely, before the age of fourteen years, it is very important that the rhinologists and the orthodontist should work together, as it is just as useless for the rhinologists to treat the nasal passages without the assistance of the orthodontist, as for the orthodontist to attempt to correct the deformities caused by the obstruction without the removal first of the cause by the rhinologist.

Every dental surgeon who makes a study of mouth deformities, has noted the effect of mouth breathing upon the future health of the individual, causing as it does the contraction or narrowing of the dental arch, the elevating of the hard palate which causes the obstruction of the nasal passages, the obstruction of the tongue, and finally the impairing of speech, and the function of mastication, and the marring of the symmetry of the face.

May we as members of the great professions of the healing art take into consideration finally that the deformities of the mouth from whatever cause, retard the function of the lips, tongue, cheeks, the nasal passages, the hearing, and the speech, which although lessened at the age of fourteen or fifteen, by atrophy (in case of adenoids) the evil effects may last through life, and uniting our efforts assist in reducing this very serious cause of many future ailments of mankind.

Infection.—It has taken Doctors Mayo and Hunter to bring to the attention of the medical profession, what the dental surgeon has known and been advancing for years, that mouth infection or oral sepsis play an important part in the health or ill health of the individual. Someone has said, "A child's health is only as good as its teeth."

My only ambition at this time is to impress upon my hearers, that as through the mouth passes every substance which enters in to the development and strength of the body, health is dependent upon its condition.

During the last few years the origin of many infectious diseases has been traced to conditions of the mouth and teeth. As in medicine so in dentistry the radiograph has become an important agent in diagnosis and by its assistance we have been able to uncover many of our shortcomings and by its assistance we are solving many problems and correcting many errors of the past.

An unclean mouth is one of the causes of many bodily weaknesses and the value of oral prophylaxis has been proven in many cities by the establishment of dental dispensaries, results of which have been that the child is healthier, and many nervous diseases and much retardation is eliminated, and thus the intellectual condition much improved, and the propaganda is to be continued until there will be established in every city and town a dental dispensary.

I have treated exhaustively the subject of malocclusion, as I believe therein lies the organ of many future mouth infections; to malocclusion is attributed the origin of pyorreah alveolaris, as teeth not in a position that is normal and thus not in use, or if in use are by irregularity receiving under pressure from an unintended direction are always pyorretic, and as pyorreah is not a disease of childhood (or not so prevalent) we believe the prophylactic precaution, namely early recognition and correction of malocclusion, will reduce the now increasing practically incurable disease. Also irregularity of teeth make the cleansing of them more difficult, therefore providing lodgment for food and eventually caries.

"A clean tooth never decays," is our slogan, and to that might be added, teeth in correct position or occlusion are easy to clean, and therefore never decay.

Again the mouth conditions of the child affect the future health. By the neglect of the temporary teeth often until proper mastication is impossible, and the carious teeth provide lodging places for filth and bacteria, which is mixed with the food and swallowed, and also many teeth in that neglected condition become abscessed and the exudation of pus is also carried into the system with the food.

If we as fellow practitioners of the different branches of medicine would unite our efforts, by early oral prophylaxis many of the problems which are baffling the medical world would be eliminated.

We have the value of strength demonstrated in the German Army of today where they have had compulsory dentistry in many cities, a child not allowed to enter school unless the teeth were in order. We have the neglect of teeth demonstrated in the English army (the nation of the whole world that has neglected the teeth and mouth), where many, many men are obliged to return home because of mouth conditions.

In September a law in our state goes into effect which legalizes dental hygienists, a step toward the ideal we believe, as these trained young ladies may go into our schools and assist in educating as well as applying oral prophylaxis.

By our united efforts I prophesy a healthier, stronger and brighter coming generation.—*New York State Journal of Medicine.*

Mrs. Hartley, sister of Lord French, commander-in-chief of the British home defence corps, died at Monastir from a wound received when a shell struck an ambulance to which she was attached.

"The Mysterious Vitamine."

(By Lillah A. Ferris, Dietitian Royal Columbian Hospital, New Westminster, B. C.)

Do you know what vitamines are? They are substances, the chemical nature of which has never been determined. Man has neither seen or grasped them! What then, are these mysterious beings?

Since we can not isolate them and so determine them as chemical compounds, we shall have to describe them by their physilogical effects when solutions containing them are prepared under various conditions.

Formerly it was believed that a diet consisting of adequate amounts of suitable protein, carbohydrate fats, mineral salts and water, would fulfil all the dietetic needs of the living organism. Through investigations have shown, that animals fed suitable amounts of these food stuffs in a chemically pure form, fail to grow and finally die. However when certain fats, the husks of grains etc., are added to their diet, the animals resume their normal growth. This tells us that there are certain substances in the organic food compounds which cannot be obtained in the chemical laboratory, that really cause our food to nourish us.

In certain sections of China great plagues have occurred among the natives whose diet consisted exclusively of polished rice. The disease with which they suffered is known as beri-beri. In other sections the natives lived and apparently thrived on a diet consisting only of unpolished rice.

This led to the discovery that there was something in the outer layers of the rice grain, the lack of which substance was responsible for the nutritional disease of beri-beri.

Immediately animals and birds became the subjects for experimenting. Pigeons were chosen for extensive experiments because they seemed to respond to conditions more favorably. They were fed exclusively on a diet of polished rice and soon developed the disease known as poly-neuritis, the symptoms of which correspond very closely to the disease beri-beri in man. If the pigeons were allowed to remain in this condition, death would have been the inevitable result. But upon reaching a certain stage in the disease they were given a solution containing the outer layers of the rice grain. The rate at which they were revived to a normal condition was no less than marvelous.

The substances evidently existing in the outer layers of the rice grain and which undoubtedly counteracted the disease, are called vitamines.

It is now known that vitamines exist in the outer husks of all grains, wheat, corn, oats, etc. People living upon a diet, consisting only of white bread for months at a time, have contracted the disease beri-beri. Their relief came only when resources allowed them more variety in diet.

Many investigators claim that the substances found in the husks of grain differ from the soluble substances found in fat which relieved the

condition of those animals fed upon the chemically pure diet. They refuse to call the fat soluble substance by the same term, vitamine. However, this contention will probably lead to more extensive and valuable experiments. Whatever the difference in name may be, one thing is certain that these soluble substances found in certain fats and husks of grain are "Life preservers."

How many of us ever realized that such little substances that cannot even be analyzed by man, played such an important role in our existence.

Military Hospital Lantern Slides

An Ontario minister the other day borrowed from the MilitaryHospitals Commission a set of lantern slides. Those slides show what goes on at the hospitals and sanatoria. That is, they show something of how our injured soldiers are being restored to health and to power for self-support, however serious their injuries may be. The minister exhibited the slides at three country churches under his charge. In returning the set he writes:

"My recording steward, who is also the post-master and chairman of the local recruiting league, says they should be shown in every community. They meet the unrest in many families who have feared that the maimed who will return will be forced to sell lead pencils or such like.

"What I should have done was to ask them for a longer period and put them on in every available church in this district. A man with a well prepared lecture and a few local slides could render a valuable service to the country, both in allaying the unrest above referred to and in removing the prejudice in some families from which recruits might be secured."

The slides, with explanatory notes, may be borrowed by ministers and other responsible persons, free of charge. Application should be made to the Military Hospitals Commission, 22 Victoria Street, Ottawa.

HAPPINESS

If thou workest at that which is before thee, following right reason seriously, vigorously, calmly, without allowing anything else to distract thee, but keeping thy divine part pure; if thou shouldst be bound to give it back immediately; if thou holdest to this, expecting nothing, fearing nothing, but satisfied with thy present activity according to nature, and with heroic truth in every word and sound which thou utterest, thou wilt live happy; and there is no man who is able to prevent this.—Marcus Aurelius.

Examination Papers of the California State Board

URINALYSIS.

Correct answer carries weight of 20 per cent.

1. (a) Which is the most serious and why; incontinence, retention, or suppression of urine.
   (b) What is the condition of urine in diabetes mellitus?
2. (a) Give three reasons why it is necessary to test urine before an operation.
   (b) Write a normal urinalysis.
3. What four conditions either diminish or increase the amount of urates?
4. (a) In what four diseases is albumin often found in the urine?
   (b) What is the best time of the day to collect a single specimen of urine? Why?
5. Where and how is urine secreted?

Dietetics

Correct answer carries weight of 10 per cent.

1. Prepare a table giving a classification of foods and an example of each classification.
2. (a) What class of food is *restricted* in a rachitic diet?
   (b) What class of food is *increased* in a rachitic diet?
3. (a) Name five foods in which there is a comparatively large amount of iron.
   (b) Name five foods which are rich in calcium.
4. (a) How would you prepare, bake and serve a potato?
   (b) Which is more nutritious and digestible, a baked or a boiled potato?
5. Give a receipt for making oatmeal gruel.
6. (a) What is the most serious objection in giving a bottle-fed infant sterilized milk?
   (b) What is your care of pasteurized milk after it has been removed from the fire? Give reason.
7. (a) What foods are restricted in chronic nephritis?
   (b) Give two reasons.
8. Give three reasons why peas and beans are valuable in health, and one reason why they are unsuited for use in intestinal disturbances.
   (a) What do you understand by the term calorie?
   (b) Name six (6) points which influence the amount of food required.
10. Give the names of the enzymes in the various digestive juices and their action on food substances.

Ethics

Correct answer carries weight of 20 per cent.

1. Give some reasons why the custom of accepting money other than the fee is to be avoided.
2. What is the difference between nursing etiquette and nursing ethics?
3. If the doctor in charge of a case has called a nurse and he was later released on the patient's request, what should the nurse do?
4. When a graduate nurse is called on temporarily to supply on general duty in any hospital, what should be her attitude toward the nurses in training, and toward the head nurse who is an undergraduate of the school?
5. What do you consider is the ethical aspect of State Registration?

Bacteriology

Correct answer carries weight of 20 per cent.

1. Name two methods by which bacteria may be destroyed.
2. Name three essential points that must be taken into consideration in destroying bacteria.
3. (a) For what purpose is the Wassermann Test?
   (b) For what purpose is the Widal Test?
4. Define immunity. State different kinds of immunity and give an example of each.
5. How should you disinfect a room following a case of scarlet fever? Give detail.

Communicable Diseases

Correct answer carries weight of 20 per cent.

1. Name at least five (5) points in nursing care you would see were fully carried out with a patient, in a private house, suffering from pulmonary tuberculosis.
2. What prophylactic methods should be used to prevent the spread of the following:
   (a) Rabies; (b) Typhoid Fever; (c) Malaria; (d) Infantile Paralysis; (e) Diphtheria?
3. (a) What two complications are most feared in measles?
   (b) How should you guard against them?
   (c) What two complications are most to be feared in scarlet fever?
   (d) How should you guard against them?
4. State incubation period of the following:
   (a) Scarlet Fever; (b) Measles; (c) Diphtheria; (d) Whooping Cough; (e) Mumps.
5. What is a typhoid carrier? Write a short sketch (not exceeding 50 words) tracing the steps by which a typhoid carrier may be responsible for an epidemic of typhoid fever.

Pediatrics

Correct answer carries weight of 10 per cent.

1. (a) If a child had convulsions, what two common treatments would you give before the arrival of the doctor?
   (b) Give two common causes for convulsions.
2. Give the character of four kinds of abnormal stools in a nursing infant and reasons.
3. Give the nursing care of lobar pneumonia from the onset to its resolution. (Not more than 50 words).
4. Write a short sketch on giving a steam inhalation to a child two years old. (Not more than 50 words).
5. What is the nursing care in marasmus?
6. (a) How would you obtain a specimen of urine from a female child two years old?
   (b) In what three ways may a nurse try to stop nocturnal enuresis?
7. Give the nursing care of a premature infant.
8. What should you do and not do, to remove a bean from a child's ear?
9. Give the diet of a child of (a) 12th to 18th month; (b) three years; (c) six years.
10. (a) How should you take the temperature of a struggling child?
    (b) What are four simple methods a nurse should employ, in an attack of croup, until the doctor arrived?

Materia Medica

Correct answer carries weight of 10 per cent.

1. Give steps showing how you obtain your answers for the following problems:
   (a) Reduce 2 grammes to Apothecaries' units.
   (b) How much of a 1-1000 solution will have to be used in making up 10 pints of 1-5000 solution?
2. (a) Give Young's rule for dosage.
   (b) If an adult's dose is 12 grains, what dose should you give to a child of ten years?
3. What is meant by the following:
   a.c.; p.c.; q.s.; sp.g.; s.o.s.; ss.; t.i.d.; KI; gm.; gr.; aa?
4. Name four (4) points in giving iron preparations which a nurse should observe.
5. Give the average dose of the following:
   (a) Atropine Sulphate; (b) Nitro-glycerine; (c) Morphine Sulphate; (d) Castor Oil; (e) Calomel; (f) Magnesium Sulphate; (g) Pituitrin; (h) Pilocarpin; (i) Tincture of Digitalis; (j) Fluid Extract Cascara.
6. (a) Name a common fluid preparation of arsenic.
   (b) Name three symptoms of over-dosing of arsenic.
7. What conditions should you observe in administering an hypnotic in order to assist its action?

8. You have 1-30 grain hypodermic tablets. How would you prepare a 1-20 grain dose to be given by hypodermic?
9. In an emergency what would you do in a case of severe poisoning by (a) an acid; (b) an alkali?
10. What preparation and strength would be used as: (a) a hæmostatic; (b) a diuretic; (c) a cholagoque; (d) an analgesic.

Hygiene

Correct answer carries weight of 10 per cent.

1. (a) Name six (6) quarantinable diseases.
   (b) Name six (6) diseases reportable by law.
2. What do you understand by humidity? Write a short discussion of why people die of heat when the humidity is high.
3. (a) Name four (4) occupational diseases and their causes.
   (b) Name three (3) diseases carried by flies.
4. Give important reasons why teeth should have careful care.
5. Name six (6) subjects of which school nurses may talk to their pupils on personal hygiene.
6. If you were a public health nurse name four (4) conditions on which you should report to various boards of the city, in order to raise the health of the community.
7. In case of death from contagion what care should you take of the body?
8. In what ways is food adulterated?
9. What points in personal hygiene are of special importance to nurses?
10. In what two (2) ways is water purified?
    Name at least three (3) points you would consider essential in efficient ventilation.

I'm only a poor simple Tommy,
In a hospital tunic of blue,
But along with the other "Bluebottles"
I'm eternally grateful to you.
It's only a grin and a "Thank you";
A handshake, an awkward "Good-bye";
But we'll carry your memory with us—
A memory that never shall die.
As we fitfully doze in our dug-outs,
'Mid the shells, and the blood, and the "slosh,"
In our dreams we shall hear your voice calling,
"Six o'clock, Tommy—get up and wash!"

—M. W. H., in *Nursing Times.*

Editorial

The difficulties of a programme committee must be known to be really appreciated and the work of the committees of the two societies this year is much harder than usual owing to war conditions. So the complete programme is not ready for the press as yet, but we hope to have it in the next issue. The papers are after all the least important of the proceedings for the discussions, the motions brought up, the changes made in the constitution and by-laws, the standardization of our training schools, a united effort for registration that really means something, are not these the things that really matter in the position our Canadian nurses hold in the estimation of all at home and abroad? In the letters to the Editor will be found an example of what is meant. One does not have to go so far afield to know the difficulty of getting any satisfactory information about any but a very few of the Training Schools of Canada. When every small hospital gives a three years' course regardless of how valuable the course is to the student nurse, and so few of the big hospitals will open their doors to the pupils wishing to affiliate and so few of the small hospitals make any effort to see that such a course is obtained for their pupils, what sort of a standard will we have? This is not a question for the Superintendents only, but every Alumnæ Association owes it to the future members of her Association that such a complete training is either given or received by her Alma Mater.

* * * *

It is good to know that after much work with the law makers of the United States we as trained nurses are given a professional standing and can enter now without the fear of such disagreeable cross-questionings and the sending back to Canada as happened to some of our nurses going to help in the care of infantile paralysis cases in New York last year. Much praise must be given to those who persevered and finally got their views confirmed by the Government. It was very probably an oversight when the original bill was passed that nurses were not included in the professions, but it has been very hard to pass the amendment.

* * * *

In a letter from Montreal we get the following information about the arrangements for the Convention: The official headquarters will be in the Windsor Hotel, and the proprietors have given us the special prices of: Double rooms with bath, per day, $4.00; single rooms, per day, $3.00; single rooms without bath, per day, $2.00. The hotel is giving us the use of their hall for the meetings.

The following letter and circular have been received from the office of the Minister of Finance. I need add nothing further excepting to advise all to secure a copy of the interesting address referred to and to urge that the nurses heed the advice of the Minister as to thrift and saving:

DEAR MADAM:

I have been instructed by the Minister of Finance to send you, under separate cover, a copy of his address on "Canada's Need for Greater National Saving," together with other matters relative to the new War Savings Certificates.

In the campaign which has been inaugurated for increased saving, the Minister desires to have the earnest coöperation of all representative organizations. It will be esteemed a great service, therefore, if, as head of the Victorian Order of Nurses, you will be willing to assist in the movement by bringing the need of saving and the War Savings Certificates as prominently as possible before your branches and membership.

The promotion of greater thrift is of such national importance that I feel sure that any appeal or suggestion you may make will have the earnest support of your organization.

Yours faithfully,

B. J. ROBERTS,
Assistant Secretary to the Minister.

Miss Mackenzie,
578 Somerset Street,
Ottawa, Ont.

HELP TO WIN THE WAR

Those who cannot go to the front can help in a most practical way by saving their money and placing it at the disposal of the Government to assist in financing the war.

As an incentive to thrift and greater national saving, the Government of Canada has created an issue of War Savings Certificates, in order that all who are desirous of helping financially may have the opportunity of doing so.

The Certificates, which mature in three years, are issued in denominations of $25.00, $50.00 and $100.00, and may be bought at any Bank or Money Order Post Office. The prices are $21.50, $43.00 and $86.00 respectively,—that is to say for every $21.50 lent to the Government now, $25.00 will be returned at the end of three years. The discount of $3.50 constitutes a most attractive interest return.

Provision is made whereby the certificates may be surrendered at any time during the first twelve months at their purchase price, after twelve months, but within twenty-four months, at $22.25, and after twenty-four months, but within thirty-six months, at $23.25 for every $21.50 paid. This means that the longer the certificates are held the higher the rate of interest that will be obtained.

Each Certificate is registered at Ottawa in the name of the buyer and, if lost or stolen, is valueless to anyone else. Individual purchases are limited to $1,500.

For full information apply at any Bank or Money Order Post Office.

BUY A CERTIFICATE TO-DAY
OR START TO SAVE FOR ONE

W. T. WHITE,
Minister of Finance,
Ottawa.

January, 1917.

* * * *

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the training homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, British Columbia.

Editorial Acknowledgment

The Canadian Nurses' Association extends its thanks to the Toronto Chapter of Ontario Graduate Nurses' Association for its handsome donation to the "Canadian Nurse Magazine" Fund.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.

First Vice-President—Miss Colley, 261 Melville Avenue, Westmount.

Second Vice-President—Miss Dunlop, 209 Stanley Street.

Secretary-Treasurer—Miss DesBrisay, 638a Dorchester St. West.

Registrar—Mrs. Burch, 175 Mansfield Street.

Reading Room—The Club Room, 638a Dorchester Street West.

The monthly meeting of the Association was held in the Club Room on Tuesday evening, March 6th, when Dr. Thornton, Prof. of Dentistry at McGill University, delivered a most interesting illustrated lecture on "Nature's Great Incubator—the Mouth." The Doctor has been at the front, and has many interesting slides showing the wonderful help they have been able to give to men whose jaws have been shattered.

Miss Day is leaving shortly for overseas service.

Several of our members are out of town, many with typhoid patients in St. Johns, P. Q.

The annual meeting of the Edith Cavell Chapter was held in the Club Room on Thursday evening, March 15th. Miss Fairley presided, owing to Miss Hersey's absence in Toronto. The report of the Secretary showed a large amount of work had been done during the year. Many comforts, such as dressings, socks, caps, wristlets, &c., having been sent to the men at the front.

The Chapter is supporting five prisoners of war, and it was agreed to add another.

The officers were all re-elected for the coming year, Miss Fairley keeping the office of First Vice-President, which she kindly accepted when Miss Young left for France, until the end of the year.

We are glad to hear that Miss Kelly is recovering after her long illness.

It is with deep regret that we learn of the death of Mrs. Rolph (nee Alma Bush), Class of '92, M. G. H. Mrs. Rolph was a charter member of our Association and was one of our pioneer nurses. She had many friends in Montreal. Last year she had a paralytic seizure, from which she only partially recovered. Her husband is at the front. A daughter and three sons survive her. Our heartfelt sympathy goes out to them in their bereavement.

Letters to The Editor

Taihoku, Formosa, February 19, 1917.
Japan

DEAR EDITOR:

I have looked in "The Canadian Nurse" for an article similar to the accompanying one, but have failed to see it. It is really an advertisement, and I wonder if you will be pleased to publish it. However, I send it, with the hope and prayer it may bring someone good—if not us, someone else. Thanking you for your space, should it be published, and trouble, I am,

A Nurse in the Orient,

ISABEL ELLIOTT.

Taihoku, Formosa, February 21st, 1917.

DEAR CANADIAN NURSE FRIENDS:

This letter is sent with the hope that Mission Hospital news may be of sufficient general interest to receive a welcome in your magazine, and also with the hope that someone reading this may see anew the need and opportunity in these Eastern lands, and may be led to cast in her lot with those of us who are doing our bit here, in fighting the daily battle against filth and disease, sin and darkness, superstition and death.

Ours is a general hospital of eighty-one beds, besides several extra couches for emergencies. The patients are mostly Chinese, with a few Japanese, and occasionally a foreigner from the foreign community. By foreigners in this country, we mean an English-speaking person.

The staff comprises: One foreign man doctor; one foreign nurse; three native assistants from the Japanese Government Medical School; nine native nurses in training, and three dispensers. The accompanying photograph is of our courtyard, with the hospital built round about it. The work is hard, but the opportunities are boundless Opportunities to help a people so in need of it. Opportunities to teach them the value of

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It isn't the thing you do, dear,
It's the thing you leave undone,
Which gives you a bit of heartache
At the setting of the sun!
The tender word forgotten,
The letter you did not write,
The flowers you might have sent, dear,
Are your haunting ghosts to-night.

—M. E. Sangster.

cleanliness, of hygiene, of the proper care of their children; opportunities through the personal touch, to show them the love of a Saviour who has given Himself for them.

This is my fifth year in Formosa, and my furlough is due in 1919. It is most necessary that a nurse should be on the field before 1918, that she may get a working knowledge of the language, before starting work in the hospital, when my furlough comes due.

May I hope that even if this letter brings no response for active service here with us, that we may have your sympathetic interest and prayers. Anyone wishing to write to me regarding the work, I will be glad to answer, or by corresponding with the Secretary of our Board, Mrs. MacLennan, 30 Murray Street, Toronto, Ont., a more prompt reply could be received, as letters travelling to and from Formosa cover two months.

Yours sincerely,

ISABEL ELLIOTT,
Canadian Presbyterian Mission,
MacKay Memorial Hospital,
Taihoku, Formosa.

Hospitals and Nurses

NEWFOUNDLAND

HONOR MEMORY OF HEROIC NURSE

Appeal for Support of Memorial to Miss Edith Cavell

(By A. N. Gosling, Secretary W. P. A.)

The murder of Miss Edith Cavell, a devoted woman and one of our latter day saints, is by many people considered the most atrocious act of frightfulness committed by the Germans during the Great War. At any rate, nothing in their many acts of infamy has brought upon them more wholesale condemnation from the entire civilized world.

It is fitting that there should be some personal memorial to Edith Cavell's noble life and heroic death, and it is felt that nothing could more appropriately commemorate these than founding the Homes of Rest for ill or over-worked nurses, which she herself had always hoped to establish as her dearest wish.

It would appear that there is a real and pressing need for these homes, a need which will become more acute as the war progresses. It would be difficult to exaggerate the services which modern trained nurses render to the nation at a time like this. Their unselfish devotion

to the sick and wounded; the gallant cheerfulness with which they have faced discomfort, weariness and pain; the disciplined courage they have evinced in danger, are a conspicuous example of the splendid patriotism shown by women everywhere during this time of national stress. The nurse has fought for King and Country in this great struggle as truly as any soldier in the trenches. It is therefore only right that the Memorial projected to keep green the memory of Edith Cavell's martyrdom, should embrace also the recognition of the active, self-sacrificing and efficient national service of nurses who are bearing the burden and heat of the day, and saving the lives of our men at the front.

The Women's Patriotic Association has been requested and has promised with the coöperation of the Nurses' Association, to undertake the collection of a fund in Newfoundland to assist in this enterprise of the establishment in England and ultimately throughout the Empire, of Homes of Rest for Nurses, who through their incessant labors arising out of the war, or from any cause have become temporarily in need of mental or physical rest.

Here is a patriotic fund which must appeal to all. It would be hard indeed to find the man or woman who does not, humanely speaking, owe his or her recovery from illness, or the recovery of some one near and dear, to the tender ministrations of the trained nurse. Here is the chance to discharge in some measure, this obligation. Do not let it slip. We frequently see in our newspaper columns, grateful acknowledgments from ex-patients in our hospitals, of the many kindnesses received at the hands of their nurses. How could these persons more appropriately display their gratitude and admiration than by giving, as their means allow, towards this fund for the benefit of nurses during illness?

The subscription list is now opened and will remain open for three months, to allow those living at a distance from St. John's an opportunity to contribute. From March 1st donations will be acknowledged regularly through the press. Contributions may be sent to the Hon. Treasurer, Miss Southcott, King's Bridge Road, or to any member of the Council, or the W. P. A. Executive Committee, or to the newspapers.

At the end of May the fund will be closed and our contribution despatched to Headquarters in London.

Give what you can to help, be it much or little, in recognition of the worthy object of this appeal, and let our contribution be one of which Newfoundlanders may be proud.

* * * *

NOVA SCOTIA

The Esequiba, Hospital Ship, was in port last week, having brought over a large number of wounded men. On the return trip about fifty nurses from different parts of Canada went as passengers. Sisters Fraser, Kendall, and Cameron, of Halifax, were among the number. About fourteen English Sisters were on duty on the Hospital Ship. They

were entertained one afternoon to a sleigh drive by the Daughters of the Empire. Later on in the afternoon, they had tea at Government House. The Matron and several Sisters of the Station Hospital were invited to meet them.

A branch of the St. John Ambulance Brigade has been formed in Halifax, with a large attendance. Classes are held in a room kindly loaned by the School for the Blind. Mrs. Bowman, Superintendent of the V. G. Hospital, has been appointed Superintendent of the Brigade, with five nursing officers, Mrs. Bligh, Mrs. McIntosh, Miss Pemberton, Miss Pickles and Miss Fraser. Practical demonstrations are held every week. Major McAllister, Captain Hattie and Prof. Fraser Harris are the medical men in charge of the Brigade.

Presbyterians all over Canada will be interested to know that "Pine Hill College," Halifax, has been loaned to the Government for use as a convalescent home for returned soldiers. With its beautiful situation overlooking the north-west arm, it is admirably adapted for the purpose. It will accommodate one hundred and sixty men. Major Weatherby is in charge, assisted by Capt. McCurdy. The Matron is Miss Graham, late Sister in the Station Hospital. Her staff consists of Sisters Sutherland, Thompson, Dunlap and F. Fraser, who have lately joined the A. M. C. Nursing Sisters Kennedy and Sutherland and E. McDonald, who have been on construction trains during the winter, have returned to Halifax. At date of writing, another hospital ship has arrived in port, with a large number of returned soldiers. They are being cared for at Pier 2, which has lately been converted into a clearing hospital. The last meeting of the N. S. G. N. A. was well attended, notwithstanding the weather. It was held at the Nurses' Residence of the V. G. H.

Nurses and the Franchise for Women

The following is the precise wording of the suffrage resolution unanimously passed by the Nova Scotia Graduate Nurses' Association at its meeting held this week:

"Resolved: That the Graduate Nurses' Association of Nova Scotia, put themselves on record, and approve of the advisability of granting the franchise to the women of the Province of Nova Scotia. Knowing that this is a work in which women and men, whether organized for suffrage or the moral and social welfare of the people, are interested, we decided not to dissipate our energies in trying to form new societies, but to work as far as possible through existing nursing organizations and other organizations of women and men favorable to the cause and that this committee do earnestly strive to bring about the cause of suffrage by working along the line of political education."

Nurses doing private work in the city this winter have been kept very busy, and at present so many nurses have received military appointments that it is almost impossible to obtain a nurse for private or hospital duty.

NEW BRUNSWICK

An Abstract from Bill—Passed 29th April, 1916

WHEREAS, it is expedient that a certain standard of qualifications for nursing in New Brunswick shall be established for the protection of the public, to be required of each registered practitioner of the profession, and that a certain measure of protection shall also be afforded to those nurses who duly qualify and register:

The said Association shall have power to acquire by purchase, lease or otherwise, and to hold and own, real estate as may be reasonably necessary to provide facilities for its meetings and other association purposes, and to alienate, exchange mortgage, lease or otherwise charge or dispose of the same or any part thereof, as occasion may require; and all fees, fines and penalties receivable or recoverable under this Act shall belong to and be the property of the Association.

The said Association may act as trustee of any funds which may be committed to the care of the Association for benevolent purposes.

The said Association may pass by-laws and prescribe rules and regulations not contrary to law or inconsistent with this Act for all purposes relating to or bearing on the affairs, business and property of the Association, its management, government, aims, objects and interests; the appointment, functions, duties, remuneration and removal of all officers, agents and servants of the Association, and the security, if any, be given by them to the Association; the assistance of necessitous members; the management and disposition of benevolent funds committed to the care of the Association; the issue of registration certificates; the time at which and the place where the annual and special meetings of the Association and of the Council shall be held; the calling of all such meetings, the quorum; the requirements as to proxies and the procedure in all things at such meetings; the fixing of the amount of the annual membership fee; the suspension, revocation and annulling of registration and of certificates of registration and for the conduct in all particulars of the affairs of the Association.

The affairs of the Association shall be under the management of a Council composed of such number of members, not exceeding twelve, as may be prescribed by the by-laws of the Association, each of whom must be a member of the Association in good standing. The Council shall be elected at a special meeting of the Association called for that purpose, or at the annual meeting of the members of the Association, or at such time and in such manner as the by-laws of the Association may provide. The election of the Council and all other questions voted on at a meeting of the members of the Association shall be decided by a majority of votes of the members present in person or in such other manner as may be provided by by-law, each member in good standing being entitled to one vote, and absent members may, if the by-laws so permit, be represented and vote by proxy; the holder of such proxy, however,

to be a member of the Association. The Council shall remain in office for the period or periods fixed by the by-laws of the Association, and shall continue in office until their successors are appointed. If a member of the Council shall die, resign, remove from the Province, or become incapable vacant; and any such vacancy may be filled by the remaining members of the Council by the appointment thereto of a duly qualified member of the Association who shall act until the next annual meeting of the Association. It shall be lawful for the members of the Council present at any duly called meeting of the Council, provided not less than five members are present, to exercise all the functions and powers conferred upon the Council by this Act.

There shall be a Board of Examiners (hereinafter in this Act called the Board) consisting of five persons, to examine and pass upon the qualification for registration of all applicants under the provisions of this Act. Three members of the Board shall be appointed in such manner and for such term as may be provided by by-law of the Association, and the other two members of the Board shall be registered medical practitioners appointed by the Council of Physicians and Surgeons of New Brunswick.

It shall be the duty of the Board, in the month of January in each year, to notify qualified graduate nurses desiring to be registered under the provisions of this Act of the times, places and subjects of the examinations for registration, by publishing notice thereof in the "Royal Gazette," and in one or more newspapers having general circulation in the Province, in accordance with the by-laws of the Association. Examinations shall be held not less than once in each year and shall be conducted by such persons in such manner and at such times and places as shall be prescribed by the Board therefor. Any graduate nurse who applies for examination and who shall furnish satisfactory proof of good moral character shall, upon payment of the prescribed fee, not exceeding five dollars, be entitled to take the examinations, and if found to be qualified shall be entitled to receive from the Board a certificate of qualification entitling such applicant to be registered. Applications for examination shall be made upon blanks to be furnished by the Board, and shall be signed and verified by the applicant as required by the Board.

It shall be the duty of the Board, subject as hereinafter expressed, to grant a certificate of qualification to each applicant who is the graduate of a Hospital, located within the Province of New Brunswick, which has a daily average of not less than fifteen occupied beds, and of any Hospital located without the Province of New Brunswick which has a daily average of not less than twenty-five occupied beds, who has had training in medical, surgical and obstetrical nursing within the Hospital, or by affiliation, for a period of not less than three consecutive years, and who has passed the examinations given by the Honorary Medical Staff connected with such Hospital, and who shall pass the examinations prescribed by the Board.

Provided, however, that in the case of qualified nurses at the time of the passing of this Act, absent from the Province on professional service on behalf of the Empire in connection with the war, who apply therefor at any time after their return from such service, and in the case of all other qualified nurses who apply therefor within two years next after the passing of this Act, such certificate shall be granted without requiring the applicant to pass any examination prescribed by the Board nor to have had more than two full years of training.

And provided also, that no such certificate shall be granted except upon production of evidence satisfactory to the Board of the qualifications of the applicant under the aforegoing provisions of this section; that the applicant is of good moral character; and, except in the case of nurses so absent in professional service in connection with the war, and that the applicant has been a resident of New Brunswick for not less than three months before applying for registration.

This Act shall not be construed to effect or apply to or to prevent the nursing of the sick for hire or otherwise by any person who does not in any way claim to be a registered nurse or to registered nurses, non-residents of the Province, who visit this Province as companions or nurses for non-residents temporarily here, or who are called to attend a case in this Province by resident registered physician.

Misses Margaret Davies, Ella Cambridge, Pearl Fox, graduates of the G. P. H. St. John, left recently for Halifax for overseas service. Miss Wishart and Miss Florence Armstrong, two St. John nurses, who have been on duty at the front for the past two years, returned last week with a hospital ship. Miss Armstrong has gone back with the ship, but Miss Wishart, on account of illness, will remain for a month. A very pleasant evening was spent March 30th at the Church of England Institute. Miss Wishart was present.

* * * *

QUEBEC

Montreal General Hospital Alumnae Association

Miss K. N. Wilson is spending the winter in Dover, Maine.

Miss Daly (Class '16) has been taken on the staff of the Surgical Operating Room at M. G. H.

Miss M. V. Young, of Quebec City, was the guest of Miss Shaw on Sherbrooke Street, for several days recently.

Nursing Sister J. Peltier lately returned to London, Eng., after long services in the Mediterranean.

Nursing Sister Holland (Class '13) and Nursing Sister Strathy (Class '14) have been decorated with the Royal Red Cross for special services in Salonica. The latter has been very ill with pneumonia in England, but we are pleased to say is making a good recovery.

Miss A. Jamieson has returned after spending the winter in Quebec, P. Q.

Miss McLeod (Class '16) and Miss Murphy (Class '17) have taken charge of two of the military wards in the M. G. H., each ward accommodating over fifty patients.

Miss Purdy (Class '16) has lately taken over the position as Assistant Superintendent of Children's Memorial Hospital of this city.

Some of our nurses who went over with Laval Unit have been on duty in different hospitals in England until lately, when they were sent on to Troyes, France, to join the organization there. They visited the McGill Unit en route. The number included Nursing Sisters Terrill, Moores, Knight and Erquhart.

A miscellaneous shower was given Miss Thomas (Class '14) in the drawing room of the Nurses' Home on the evening of March 13th, last, by the senior nurses of the training school, the staff of the hospital being present, who presented a silver pudding dish. Miss Thomas has been in charge of a military ward in the M. G. H. since the beginning of the war. She is to marry in April Dr. Lennox of this city. We all extend hearty good wishes for a happy married career.

Mrs. Henderson (nee Miss Viola Hersey, Class '94) commandant of the V. A. D. for District of Montreal, took sixty-five V. A. D. nurses abroad and placed them in different hospitals in England, and afterwards visited many hospitals in France. Mrs. Henderson went to Quebec City a few weeks ago and gave a very interesting lecture at the Chateau Frontenac, for the purpose of organizing a V. A. D. class in that city.

Twenty nurses received their graduation medals and diplomas on March 28th. The list is as follows: Misses Helen E. Tracey, Montreal; Lillian Casswell, Beachburgh, Ont.; Jessie I. Smith, East Calgary; Dorothy B. Moss, Victoria, B. C.; Gladys R. Nelson, Montreal; Evelyn D. McGinnis, Iberville, Que.; Jane A. Murphy, Riviere du Loup, Que.; Nina F. Sharp, Exeter, South Devon; Evelyn MacGregor, Martintown, Ont.; Nellie Cather, Demarara, B. W. I.; L. M. Brissenden, Middlesboro, Yorkshire, Eng.; Elspeth Gruer, Aubrey, P. Q.; Elizabeth Sowler, Foster, P. Q.; Olive T. Welsh, Montreal; Mary L. Cameron, Canso, N.S.; Catherine Livingstone, Sidney, Cape Breton; Lillian M. Tracey, Beachburg, Ont.; Lillian A. Stewart, Howick, Que.; Amy E. McKay, Perth, Ont.; Bertha E. McDonald, Alexandria, Ont.

Nurses who have lately gone overseas with the C. A. M. C. are: Misses V. Larter, L. Larter, E. Sargeant and W. Ridell.

Miss Robinson (Class '16) has gone to the front with Queen Alexandra's Imperial Nursing Service.

Miss Wall (Class '12) of Vancouver, B. C., is with the Ontario Military Hospital at Orpington, Kent, England. She is the only graduate there from the M. G. H.

Miss M. A. Day (Class '11) is leaving presently for overseas service.

Notes from the Alumnae Association of the R. V. H., Montreal

Nursing Sisters Mabel Clint, (Class of '10) Jessie A. Robertson, (Class '10), Ida B. Smith, (Class '08) and Flora H. Wylie, (Class '10), were recently awarded the Royal Red Cross, second class. Miss Wylie was in Paris when war broke out and immediately offered her services and has been on duty continually ever since, excepting for a short leave home last summer. Misses Clint, Smith and Robertson joined the C. A. M. C. and sailed for overseas service with the first detachment of nurses in April, 1915. Miss Robertson has served in France and is now in Ramsgate. Misses Clint and Smith, after some month's service in France, were appointed to No. 1 Canadian Stationary Hospital with the British Medical Force and went to the Island of Lemnos, remaining there during the Gallipoli campaign. During this time owing to her devoted and unceasing service, Miss Clint contracted a serious illness, from which she is only now recovering. Miss Smith is now serving in France.

Mrs. Ronald Scott (Miss Violet Matthews, Class '11), is now in London where she is actively engaged in Canteen and Red Cross work. Her husband, Captain Ronald Scott, R. A. M. C. Medical Officer of the First Royal Scots Fusiliers, has been granted permission by the King to receive the French Croix de Guerre. Capt. Scott was wounded some time ago, and while on sick leave he and Mrs. Scott spent a few days in Canada.

Miss Olive Ross (Class '09) writes very interestingly of her work in St. Ignasius Military Hospital, Malta, where she is at present in charge of the operating room.

* * * *

ONTARIO

A cable has been received from Miss Jessie Shaw, who left Collingwood to join the Q. A. I. N. S., of her safe arrival in London, England.

Miss L. E. Sutherland is at her home in Bradford, nursing her mother, who is ill.

Miss Minnie McDonald is home on sick leave from the Base Hospital, Toronto.

On Saturday, March 3rd, Miss Gunn, of the Toronto General Hospital, entertained at tea in honor of Miss Florence H. Dolson on the teaching staff of the training school, who had resigned her position for active service with the Q. A. I. N. S., and also for Miss A. M. Baird and Miss N. Norton, both head nurses of the hospital staff, who had received appointments with the C. A. M. C. A large number of the graduates were present, including the class-mates of the guests of honor, many of whom were already in C. A. M. C. uniform. The staff of the hospital were also present and Miss Purdy poured tea.

Miss Carrie Cherry (Class '06), Toronto General Hospital, left

early in March in charge of a party of C. A. M. C. nurses for active service.

At a meeting of the graduates of the Training School for Nurses of the Toronto Hospital for Incurables, held February 19th, 1917, an Alumnæ Association was organized. The officers for the ensuing year were elected as follows: Honorary President, Mrs. A. A. Jackson, 338 Symington Avenue, Toronto; President, Miss Esther M. Cook, Toronto Hospital for Incurables; Vice-President, Miss Margaret M. Bowman, 29 Tyndall Avenue, Toronto; Secretary-Treasurer, Miss Alice M. Lendrum, Toronto Hospital for Incurables; Press Representative, Miss Margaret A. Ferriman, Toronto Hospital for Incurables. Regular meetings of the Alumnæ will be held the third Monday of each month.

* * * *

ALBERTA

The Red Cross Circle of the C. A. G. N. A. held a card party and tea at the home of Mrs. Walter Scott and raised six dollars for the soldiers. By means of a guessing contest another seven dollars was added for the local military hospital.

Miss Murphy, head nurse of the Calgary General Hospital operating room, has gone to California for three months on leave.

Miss Frances McMillan, who was head nurse for five years in the C. G. H., has accepted the position of Assistant Superintendent at the Royal Alexandra Hospital, Edmonton.

Miss Lovick, who has taken a post-graduate course at Grace Hospital, Detroit, is returning in April to take charge of the obstetrical ward in the C. G. H.

The C. A. G. N. deeply regrets the resignation of their President, Miss Mundie. She has worked well for the interest of the association, having initiated the knitting circle, sick visiting committee and the Round Table discussions. She has nursed many years in Calgary and accompanies General and Mrs. Cruikshanks to Ottawa.

The above association has sent overseas from among its members the following nurses: Miss Bailey and Miss Payne, both graduates of the Calgary General Hospital, going under the British Government Imperial Queen Alexandra Nursing Service. These nurses left on March 19th under the Canadian Army Service; the Misses Berg, Gilbert, Swanston and E. Willison, graduates of the Holy Cross Hospital, Calgary; Misses Griffis and Pretchelt, of the Calgary General Hospital; Miss E. Reid, of Victoria Hospital, London, Ont.; Miss Eleanor McPhedran, graduate of New York Hospital, late superintendent of Ogden Convalescent Home for Soldiers; Miss Nellie Shearer, graduate Protestant Episcopal Hospital, Philadelphia; Miss Fraelich Berlin, Waterloo.

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BRITISH COLUMBIA

In a letter from Miss Morrison, No. 5 Canadian General Hospital, she asks that through the *Canadian Nurse* "That we, the Sisters of No. 5

Canadian General Hospital, thank the G. N. A. of B. C. for the pretty Christmas card and dainty handkerchief sent to each of us. We appreciate the thought as well as the gift. V. G. H. graduates wish to thank their Alumnæ Association for the Christmas remembrances sent them."

Matron Wilson is on leave in England.

Sisters Osborne, Collis and Carvolth have left for England on leave.

Nursing Sister Ann Rodd, of Vancouver, has been visiting in Ottawa, where she is the guest of her brother, Mr. J. A. Rodd, before leaving for overseas service.

An informal ceremony took place at St. Joseph's Hospital in Victoria last week when four of the nurses received their diplomas on completing their three-year courses. The graduates are Miss Dorothy Winter of Kelowna, Miss Violet Walker of Victoria, and Miss Myrtle Starrett and Miss May Mackenzie of Vancouver. The valedictory was read by Miss Starrett.

Two wards have been opened at St. Joseph's Hospital, Victoria, for returned soldiers.

Miss Russell, Assistant Inspector of the V. O. N., has recently been in Victoria on her annual tour of inspection.

Mrs. Stockton, recently of Steveston, is to take charge of the newly organized district of Saanich.

Miss Deacon, Superintendent of the Vancouver Training School of the V. O. N., was for a few days in Victoria recently.

Miss Helen McIntosh (Jubilee Hospital, Victoria), left on March 30th for overseas duty in the C. A. M. C.

The Victoria G. N. A. held its regular meeting April 3rd at the Jubilee Hospital. Several new members were accepted. Father McKee gave a most interesting talk on his experiences at the front in France.

On March 18th the following nurses left Vancouver, B. C., bound for England, to take service with the Queen Alexandra Imperial Military Nursing Service Reserve: Miss Margaret H. Murray; Miss Amelia Grace Child; Miss Julia M. Wilson; Miss Nellie E. Stirrup; Miss Alice E. Sharpe; Miss Rosa Rothwell; and Miss Nellie Thompson, all graduates of the Vancouver General Hospital; Miss Rachel Blyth, graduate Leeds Inf., Leeds, Eng.; Miss Jane Waterson, graduate Woodcrhill Hospital, New Hampshire; Miss Eileen C. Hoops, and Miss Elizabeth O. Porritt.

The second of the series of lectures arranged by the Vancouver Graduate Nurses' Association for the year 1917, was given Wednesday evening, March 7th, at the regular meeting of the Association by Mr. F. G. C. Wood, M. A., of the Department of English of the University of British Columbia, on the subject "Some Dramatists of the Present." The attendance was one of the largest and those present were indeed privileged to hear a lecture highly instructive and most edifying. As the lecturer reviewed one after another of present-day dramatists of real

worth, names more or less familiar gained much added meaning. In closing, a passing glimpse of Peter Pan and the quiet reference to Margaret Ogilvie revived sweet memories ever their own, while the knowledge derived and the recollection of the recreative hour spent in the study of the drama will not soon be forgotten. A hearty vote of thanks was tendered the lecturer.

Miss Louise Cleveland, of Port Simpson General Hospital, has taken a position at the Campbell River Hospital.

Miss May Callahan, St. Paul's Hospital, is supplying at Cumberland Hospital.

Miss Grace Dawe, V. G. H. is visiting at Los Angeles, Cal.

Miss Headington, Sault Ste. Marie, is taking the V. O. N. course in Vancouver.

Miss Locke, formerly of the school staff, Victoria, has taken up private nursing in Vancouver.

Miss McKeating, St. Paul's Hospital, has a position on the staff of the West End Hospital.

The annual meeting of the Windermere District Hospital was largely attended. The treasurer's report showed that the retiring directors had not only pulled the institution out of debt, but through the aid of the women of the district and the Provincial Government they were able to hand the hospital over entirely free from debt and with money in the bank. The Executive officers are the same as last year, being: President, Mrs. B. G. Hamilton; Vice-President, Joseph Lake; Secretary-Treasurer, Wm. Weir; Directors, Messrs. Sandilands, T. A. Pope, J. C. Pitts, C. G. T. Harcourt, A. M. Chisholm, W. H. Cleland, F. C. Stockdale, H. E. Forster, A. G. Cuthbert, N. H. Marples, C. D. Ellis and Mesdames G. E. Parham and A. Taylor; Auditors, G. A. Bennett and A. E. Fisher. The most important resolution passed was one to hand the operation of the hospital over to the Victorian Order for a period of six months, the operation to be under the local board of directors.

Among the nurses who recently had the honor of being given the Royal Red Cross were Miss Ethel Boultbee, Miss Marion Marsh, and Miss Margaret Rose, all graduates of the V. G. H.

The annual meeting of the Graduate Nurses' Association of British Columbia was held at the Victoria Club, Victoria, B. C., on Easter Monday, April 9th.

The three meetings were very well attended and were most interesting, and enjoyed by all. About sixteen members, representing Vancouver and New Westminster, went over from the mainland.

The principal business of the morning was the election of officers for 1917-18. The following were elected: President, Miss Randal, Vancouver; First Vice-President, Mrs. Brown, New Westminster; Second Vice-President, Miss Grimmer, Victoria; Third Vice-President, Miss Raymond, Revelstoke; Secretary-Treasurer, Miss Breeze, Vancouver;

TO-DAY

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HAMILTON - ONTARIO

Executive Committee, Miss Tolmie and Mrs. Carruthers, Victoria; Miss Sinclair and Miss Stott, New Westminster; Mrs. Johnson, Miss Bone and Miss Judge, Vancouver.

Mrs. Bryce Brown, retiring President, took the chair during the morning session. After the routine business, committee reports, etc., an interesting discussion took place, on what could and should be done for the disabled nurses returning from the war, ending in a committee being formed to forward a resolution to the annual meeting of the Canadian National Association of Trained Nurses, asking them to consider this matter.

The session concluded with a paper by Mrs. J. D. Broom, entitled "Impressions of the Mayo Clinic," personal reminiscences of her stay there, which was much appreciated by all present.

The Victoria Nurses' Association entertained the visiting members at luncheon, where a bouquet of red roses was presented to Mrs. Bryce Brown from the B. C. Nurses.

Miss Randal took the chair for the afternoon session, which opened with an address of welcome from Dr. Helmcken. Three papers followed: "Coast Missionary Work in B. C.," read by Mrs. Brown; "The Value of Goat's Milk for Invalids," by Miss M. Clarke, of Victoria; and "Looking Forward," by Miss Bone, of Vancouver. "Question Box" followed, the value of which was demonstrated by the questions and animated discussions on them.

The Victoria Nurses were "at home" at the Alexandra Club for tea with a musical programme, and a very pleasant social hour was spent.

The members were addressed at the evening session by Dr. J. W. McIntosh, who spoke of the nursing problems to be solved in regard to the nurses returning from the war, special training for nurses along certain lines, and the plans for State Medicine, and how it would eventually affect the nurses.

After a hearty vote of thanks to the Victoria Nurses for their hospitality and the very enjoyable day, the meeting adjourned.

The annual report of the Ottawa Chapter of the Daughters of the Empire states that since that organization undertook the collection of waste paper, in July, 1915, their receipts from this source have been $9,246. The expenses of collection were $1,204, leaving a net profit of $8,042 for patriotic purposes. Over 550 tons were gathered.—*Conservation Bulletin.*

It is reported that two Paris surgeons have discovered the germ that causes gangrene, and they have prepared a serum to combat it.

Births

CORRIGAN—At 11 Atkin Avenue, Toronto, on February 17th, to Mr. and Mrs. Robert Corrigan, a son. Mrs. Corrigan was Miss Melissa Shand, (T. G. H., 1913.)

THOMAS—At Barrie, Ont., on March 27th, 1917, to Capt. M. W. and Mrs. Thomas, of Victoria, B. C., a son. Mrs. Thomas was Miss Constance Drury, graduate of the Jubilee Hospital, Victoria, B. C.

GREENWOOD—At 24 Arundal Avenue, Toronto, on February 10th, 1917, to Mr. and Mrs. A. Greenwood, a daughter. Mrs. Greenwood was Miss Jennie Gamble, (T. G. H., 1913.)

CHERRY—On February 7th, 1917, to Mr. and Mrs. Cherry, a daughter. Mrs. Cherry was Miss Rentner, graduate of Collingwood G. & M. Hospital, (Class 1915.)

Marriages

STOTT-STRUTHERS—At Ripon Cathedral, on February 28th, 1917, Lieut. Raymond Stott of the Lancashire Fusiliers, late of the Royal Highlanders of Canada, to Margaret Fyfe Struthers (Class '14) daughter of John Park, Esq., and Mrs. Park, Jumping Pond, Alberta.

PENGELLY-GRAHAM—At St. Matthews Presbyterian Church, Point St. Charles, by Rev. George Ross, uncle of the bride, Freda Graham, (Class '13, R. V. H., Montreal), to Lieut. Walter Pengelly, of the Canadian Engineers.

MCGUIRE-MARTIN—Miss Martin (Holy Cross Hospital, Calgary, 1910), to Mr. McGuire.

WHITE-FREAM—In January, Miss Fream, head nurse of Calgary General Hospital, to Mr. R. White.

Deaths

SLACK—At M. G. H. on February 21st, 1917, Miss Charlotte Slack, graduate of Montreal General Hospital, Class '12.

MEEN—At 38 Hendrick Avenue, Toronto, on Friday evening, March 9th, 1917, Flora C. MacIver, beloved wife of John Meen and daughter of the late John MacIver, of Rosshire, Scotland. Mrs. Meen was a graduate of T. G. H., (Class 1909.)

ROLPH—At Vancouver General Hospital, March 4th, 1917, Alma Bush, wife of Nat. Rolph. Mrs. Rolph was a graduate of the M. G. H., 1892.

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Theoretically speaking, men admire "reasonable women," with the uncommon quality called "common sense"; but it is the woman of caprice, the sweet illogical despot of a thousand minds, who is most often tenderly loved. Man is by nature a discoverer. It is not beauty which holds him, but rather mystery than charm.—Myrtle Reed.

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Our Nurses

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Their hardships in the trenches, and the battles they have won;
How they fought in bloody Flanders, how they dared to do or die,
God bless our British soldiers! let that be the nation's cry.

They fight for Britain's glory, as their fathers fought before,
To keep the hated foreign foe from landing on our shore;
They fight for mothers left behind, for maids and little ones—
God grant the Allies' victory against the German Huns.

Their noble deeds shall never fade. In history they shall be
Read by our children's children, to all eternity;
Long after we are dead and gone the story will be told,
How British soldiers fought and fell in the good days of old.

But theirs not all the glory; let us also give a share
To the nurses who attend them, when they lie wounded there,
There's no doubt about our soldiers, they are heroes, every one!
But pray remember also what the Red Cross Nurse has done.

She tends the wounded soldier as he draws his dying breath;
The soldier fights a living foe, the nurses fight with death;
Then all honour to our nurses, may their courage never fail,
As they follow in the footsteps of brave Florence Nightingale.

—J. Turnbull, R. D. C.

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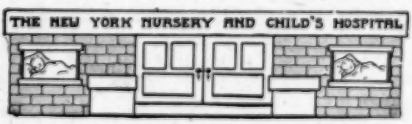

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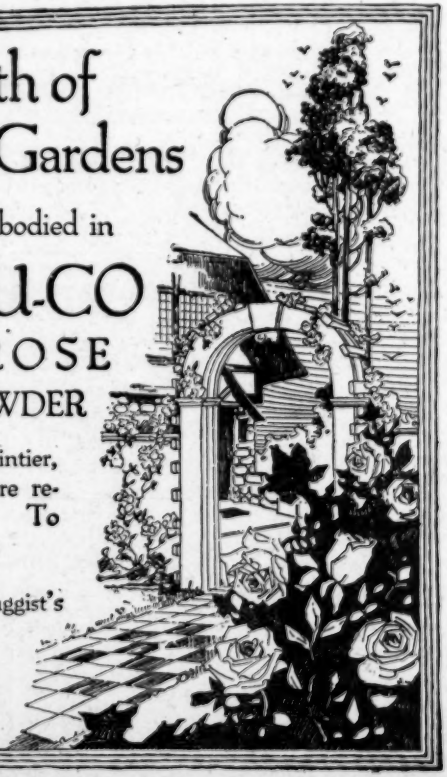

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